

EXHIBIT F

OP ID: C1



UMBRELLA / EXCESS SECTION

 DATE (MM/DD/YYYY)
 6/22/2011

AGENCY Clark Associates Inc. 2229 Rocky Ridge Rd. Birmingham, AL 35216 R. R. Glasscock	PHONE (A/C, No. Ext.) 205-823-2300 FAX (A/C, No.) 205-822-0241	APPLICANT (First Named Insured) Piggly Wiggly Alabama	EFFECTIVE DATE 08/01/11	EXPIRATION DATE 08/01/12	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
CODE: AGENCY CUSTOMER ID: PWALD-1		SUBCODE: FOR COMPANY USE ONLY					

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
NEW	<input checked="" type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE	RETROACTIVE DATE	\$ 30,000,000 EACH OCCURRENCE	\$ 0
<input checked="" type="checkbox"/> RENEWAL		EXCESS		CLAIMS MADE	PROPOSED CURRENT	\$ 30,000,000	
EXPIRING POL. #: AUC9305546-06						FIRST DOLLAR DEFENSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
		22,054,000	825,000,000		611

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	RATING MOD	
AUTOMOBILE LIABILITY	EMC #2E7437009 Power Units Onl	08/01/11	08/01/12	CSL EA. ACC. \$ 1,000,000	\$ 252,133.00		
				BI EA. ACC. \$	\$		
				BI EA. PER. \$	\$		
				PD EA. ACC. \$	\$		
GENERAL LIABILITY POLICY TYPE	EMC Renewal	08/01/11	08/01/12	EACH OCCURRENCE \$ 1,000,000	PREM/OPS		
				GENERAL AGGR \$ 2,000,000	\$ 68,457.00		
				PROD & COMP OPS AGGREGATE \$ 2,000,000	PRODUCTS		
				PERSONAL & ADV INJURY \$ 1,000,000	\$ Included		
				DAMAGE TO RENTED PREMISES \$ 1,000,000	OTHER		
				MEDICAL EXPENSE \$ 15,000	\$		
				EACH ACCIDENT \$ 1,000,000			
				EACH EMPLOYEE \$ 1,000,000	\$ 59,810.00		
EMPLOYERS LIABILITY	SELF INS-\$350,0 EWC006989	08/01/11	08/01/12	DISEASE POLICY LIMIT \$ 1,000,000			
Other	D&O/EPL/FH	08/01/11	08/01/12		5,000,000	26,700.00	

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1	ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	<input checked="" type="checkbox"/> UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: 07/01/98			
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?			YES <input checked="" type="checkbox"/> NO
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY?			YES, EFF. DATE: NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input checked="" type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input checked="" type="checkbox"/>	VENDORS LIABILITY	
<input checked="" type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY	
		GARAGEKEEPERS LIABILITY	<input checked="" type="checkbox"/>	FELLOW EMPL	<input checked="" type="checkbox"/>
		INCIDENTAL MEDICAL MALPRACTICE	<input checked="" type="checkbox"/>	Nurse Professional	<input checked="" type="checkbox"/>
	AIRCRAFT LIABILITY	LIQUOR LIABILITY			
	AIRCRAFT PASSENGER LIABILITY	POLLUTION LIABILITY			
	ADDITIONAL INTERESTS				

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS, E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

 PREVIOUS EXPERIENCE: GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)
 See attached Summary - details of all losses over \$50,000 in past 5 years

☐ NO SUCH CLAIMS

ACORD 131 (2004/07)

ATTACH TO ACORD 125 AND ACORD 126

© ACORD CORPORATION 1991-2004

CARE, CUSTODY, CONTROL

PWALD-1

OP ID: C1

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ. FT. OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	REAL							
	PERSONAL							

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
ADVERTISERS LIABILITY			POLLUTION LIABILITY EPA#:		
1. MEDIA USED: TV - Newspapers etc ANNUAL COST: \$			20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	X		21. INDICATE THE COVERAGES CARRIED:		
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	X		<input checked="" type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION		
AIRCRAFT LIABILITY			<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY		
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?		X	<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT		
AUTO LIABILITY			<input type="checkbox"/> SEPARATE POLLUTION COVERAGE		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		X	PRODUCT LIABILITY		
6. ARE PASSENGERS CARRIED FOR A FEE?		X	22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?		X
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		X	23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?		X
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		X	24. ARE U.S. PRODUCTS SOLD/DISTRIED IN FOREIGN COUNTRIES?		X
9. ARE HIRED AND NONOWNED COVERAGES PROVIDED?	X		25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)		X
CONTRACTORS LIABILITY			26. GROSS SALES FROM EACH OF LAST 3 YEARS:		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		X	\$825,000,000	\$825,000,000	\$795,000,000
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):			PROTECTIVE LIABILITY		
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):			27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		X	WATERCRAFT LIABILITY		
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		X	28. DOES APPLICANT OWN OR LEASE WATERCRAFT?		
EMPLOYERS LIABILITY			# OWNED LENGTH HORSEPOWER		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		X			
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP					
OTHER:					
INCIDENTAL MALPRACTICE LIABILITY			APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		X	# STORIES	# UNITS	# SWIMMING POOLS
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		X			# DIVING BOARDS
19. INDICATE # OF DOCTORS: NURSES: 1 BEDS:					

REMARKS

VEHICLES

167 Trailers
***PLEASE NOTE THAT 10 TRACTORS SIT ON LOT AT ALL TIMES AND ARE USED AS REPLACEMENT UNITS - IF A TRACTOR HAS MECHANICAL DIFFICULTIES THEY WILL SWAP WITH ONE ON LOT - AT ANY ONE TIME ONLY 74 TRACTORS WILL BE IN USE.

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER	49				X		
TRUCKS	LIGHT	3			X		
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS/TRACTORS	HEAVY						
	EX. HEAVY	84				X	X
BUSES							

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES; (Not applicable in CO; HI; NE; OH; OK; OR or VT; in DC, LA; ME; TN and VA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE:

OTHER STATE:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN INDIANA:

1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE

DATE